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VERMONT DEPARTMENT OF HEALTH  
DIVISION OF ENVIRONMENTAL HEALTH  
ASBESTOS AND LEAD REGULATORY PROGRAM  
DRAWER 30  
108 CHERRY STREET, P. O. Box 70  
BURLINGTON, VT 05402

## APPLICATION FOR ASBESTOS CERTIFICATION OF INDIVIDUALS

Please complete all sections of the application by printing or typing the required information, attaching all required documentation, completing the tax form, and signing the application. Applications submitted without the applicable fee will be returned. Attach additional sheets as needed. The responsible individual shall sign the application. Do not forget to submit 3 x 5-color photo or make arrangements with this office to have picture taken for photo id card, if submitting an initial certification. Please make sure that you complete the backside of this form. Contact the Program at (802) 863-7231 (800-439-8550 in Vermont) with any questions.

APPLICATIONS MUST BE FILLED OUT COMPLETELY AND LEGIBLY

### 1. TYPE OF CERTIFICATION BEING APPLIED FOR:

If renewal:

Certificate# \_\_\_\_\_ exp. date \_\_\_\_\_

Certificate# \_\_\_\_\_ exp. date \_\_\_\_\_

(CHECK ALL THAT APPLY)

	Worker Contractor	\$50.00
	Supervisor Contractor	\$100.00
	Inspector Contractor	\$150.00 Initial consultant application \$125.00 Each additional application
	Inspector Management Planner	\$150.00 Initial consultant application \$125.00 Each additional application
	Project Monitor Contractor	\$150.00 Initial consultant application \$125.00 Each additional application
	Project Designer Contractor	\$150.00 Initial consultant application \$125.00 Each additional application
	Analyst Contractor (Check the proper field(s) below)	\$50.00 (includes all five categories)

1. PCM\_\_\_\_ 2. PLM\_\_\_\_ 3. TEM-Air\_\_\_\_ 4. TEM-Bulk\_\_\_\_ 5. Field\_\_\_\_

### 2. APPLICANT INFORMATION:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Company Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

To which address should correspondence be sent: [ ] Home [ ] Company [ ] other (please attach)

### 3. IDENTIFICATION INFORMATION:

MALE FEMALE (Circle one)

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

**4. APPLICATION AND CERTIFICATION INFORMATION:** Are you licensed, certified or permitted for an asbestos-related certificate in any state other than Vermont? Vermont? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, give name of state and license number and attach copy of permit or certificate

**5. TRAINING OF APPLICANT:**

a) Formal Educational Background

<u>School</u>	<u>Major &amp; Minor</u>	<u>Dates Attended</u>	<u>Academic Degree Earned</u>	<u>Graduation Date</u>

b) Other Relevant Training

Successful completion of Vermont/EPA approved training is required for certification (refer to the Vermont Regulations for Asbestos Control). Please include any documentation of refresher training.

<u>Course Title</u>	<u>Sponsoring Institution</u>	<u>Location</u>	<u>Dates</u>	<u>Grade</u>

If a training course is to be used to fulfill the certification requirements, please attach documentation of successful completion of this course, including the training provider, dates attended, grade achieved on the written examination and copy of the certificate awarded.

**6. Professional Credentials Held:**

P.E. \_\_\_\_\_ C.I.H. \_\_\_\_\_ R.A. \_\_\_\_\_ Other (specify) \_\_\_\_\_

License or Certificate Number(s) and Date(s) \_\_\_\_\_

**7. Employment Experience of Applicant:** Describe relevant employment history, including employers, duties, dates of employment, and percent of time spent performing relevant duties (Attach additional sheets if necessary). If this information is to be used to fulfill certification requirements, please be certain that it is complete and detailed.

**8. Enforcement Actions**(Please submit documentation of all state and federal enforcement actions for the last two years).

- a) Are there any outstanding actions or investigations regarding asbestos abatement initiated by any state (including Vermont) or federal agency or department pending against you?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- b) Have you ever been notified by any state (including Vermont) or federal agency or department that you have been in violation of, or in non-compliance with any law or regulation regarding asbestos abatement?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- c) Have you ever been found to be in violation of any law or regulation regarding asbestos abatement by any state (including Vermont) or federal agency or department?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**If the answer to any of these is yes, even though you may disagree with those actions, provide detailed information about the notice or action including the agency taking actions and copies of enforcement correspondence. Also include your response to this correspondence, and what procedures have been instituted to prevent further re-occurrences. The Program routinely checks enforcement actions through state and federal enforcement reports.**

**9. ASSOCIATIONS WITH OTHER ASBESTOS-RELATED BUSINESSES:**

Does the applicant, any employee or other individual with financial interests in the applicant have any financial or professional involvement in any other individual or firm certified under the Regulations for Asbestos Control?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe relationship in detail on additional sheets.

**I certify that I have read and understood the Vermont Regulations for Asbestos Control. I further certify that this application is prepared in conformity with the Vermont Regulations for Asbestos Control and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.**

**I agree that as a condition of certification, I will notify the Asbestos and Lead Regulatory Program of any change of address or employer within 90 days of the change.**

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

Send completed application to: Vermont Department of Health  
Asbestos & Lead Regulatory Program  
Drawer 30  
P.O. Box 70, 108 Cherry Street  
Burlington, VT 05402

## POLICY STATEMENT

### Reciprocity

#### 1. Background

Section 1.2.20 of the Vermont Regulations for Asbestos Control (VRAC) defines "Contractor." A contractor is any individual, firm, partnership, association, corporation, sole proprietorship or other business concern as well as any governmental, religious, or social organization or union which agrees to perform services.

Various sections of the VRAC detail training requirements. Specifically, Section 1.3.1 requires that all contractors must complete an initial or refresher training course, which has been certified or approved by the Department.

Section 1.3.7 states that each applicant for certification who is licensed, certified or permitted according to CFR Part 763, USEPA Asbestos-Containing Materials in Schools: Model Accreditation Plan for the appropriate asbestos abatement activity, consulting service, or analytical service in another state may petition the department on a form provided by the department to grant certification without repetition of the training requirements provided the contractor meets the certification requirements outlined in these regulations for that type of certification and has paid the fee per Section 8.

#### 2. Policy

It shall be the policy of the Department to allow any contractor to request reciprocity under Section 1.37 in order to meet the contractor training requirements in the various sections throughout VRAC. The contractor or the course must be licensed, certified, or permitted in accordance with CFR Part 763, USEPA Model Accreditation Plan. A reciprocity request form must be submitted at the time of application for certification.

February 19, 1992

ASBESTOS AND LEAD REGULATORY PROGRAM  
INDIVIDUAL REQUEST FOR TRAINING RECIPROCITY (Section 1.3.7)  
VERMONT REGULATIONS FOR ASBESTOS CONTROL (VRAC) amended 11/95

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

The training that reciprocity is requested for:

____ Worker	Date of Training _____
____ Contractor/Supervisor	Date of Training _____
____ Inspector	Date of Training _____
____ Management Planner	Date of Training _____
____ Project Designer	Date of Training _____

Name of Training Provider: \_\_\_\_\_

Address \_\_\_\_\_

Signature

of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

STATEMENT OF COMPLIANCE  
FOR VERMONT ASBESTOS CERTIFICATION

1. Child Support (15 V.S.A. Section 795)

A licence may not be issued or renewed unless the applicant certifies that he or she is not under an obligation to pay child support or is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. A "license" is any license, certification, or registration issued by an agency to conduct a trade or business, including a license to practice a profession or occupation. "Good standing" means that less than one twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or the applicant is in compliance with a repayment plan approved by the office of child support or agreed to by the parties. The licensing agency may also find that requiring immediate payment of child support due and payable would impose an unreasonable hardship.

2. Tax Liability (32 V.S.A. Section 3113)

No state agency may issue or renew any license or other authority to conduct a trade or business unless the applicant first verifies in writing that he or she is in good standing with respect to, or in full compliance with a plan to pay, any and all taxes due and payable; or the liability for any taxes due and payable is on appeal; or the person is in compliance with a payment plan approved by the Commissioner of Taxes. The licensing agency may condition license renewal on terms which would place the applicant in good standing with respect to any and all taxes as soon as reasonable possible, if the agency finds an unreasonable hardship.

CERTIFICATIONS OF COMPLIANCE

I have read the above material concerning child support and tax liability.

I hereby certify that I am not under an obligation to pay child support or I am in good standing, as described above, regarding child support.

I hereby further certify that I am in good standing, as described above, with respect to, or in full compliance with a plan to pay, any and all taxes due as of the date of this statement.

**This certification is made under the pains and penalties of perjury.**

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

NAME (PRINTED): \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

## INDIVIDUAL CHECK SHEET FOR ASBESTOS CERTIFICATION

The following are items that are generally missed when individuals submit applications for certification. Please check these items carefully on your applications, as incomplete applications will be returned. During the review process, if information is found to be incomplete, your application will be denied and the fees will not be returned.

- \_\_\_\_1) Is the application and tax form signed and dated? An original signature is required. A stamped or Xerox copy of a signature will not be accepted.
- \_\_\_\_2) Is type(s) of certification checked?
- \_\_\_\_3) Is the proper certification fee(s) submitted? Is the check made out to the Vermont Department of Health?
- \_\_\_\_4) Is documentation of formal education submitted? Very important for the certification of the consultant type application. (Inspectors, management planners, project monitors, and project designers).
- \_\_\_\_5) Have the proper Vermont/EPA approved training course certificates been included along with any relevant refresher training documentation?
- \_\_\_\_6) For certification of consultant type applications (inspectors, management planners, project monitors, and project designers), is documentation of relevant professional credentials provided?
- \_\_\_\_7) Is relevant employment history provided (including project start and finish dates, locations, and contact person)?
- \_\_\_\_8) Is documentation of enforcement actions submitted including all previous and current year's actions? Have you made sure that your responses to these actions have been submitted? At least two years enforcement history is required for initial, past year only if renewal.
- \_\_\_\_9) Has a **3 1/2 x 5 inch** color close-up picture been submitted or has arrangement been made with this office to have picture taken for the photo id card? Polaroid and digital pictures will not be accepted. **(Initial applicant only or to replace existing photo)**
- \_\_\_\_10) Have individuals applying for the field analyst category submitted results of personal proficiency rounds (i.e. AAR or NIOSH PAT rounds)?

Be sure to review the regulations and your application before you submit it to us for review.

Send completed application to: Vermont Department of Health  
Division of Health Protection  
Asbestos  
Drawer 30  
P.O. Box 70, 108 Cherry Street  
Burlington, VT 05402

**DON'T FORGET TO COMPLETE THE ATTACHED TAX FORM!!!!**